ASSESSMENT OF VVAF'S SUSTAINABLE BENEFITS FOR THE MOBILITY IMPAIRED PROGRAM IN VIETNAM

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ACRONYMS AND ABBREVIATIONS

AAOP	American Academy of Orthotists & Prosthetists
AFO	Above Foot Orthoses
AIFO	*Amici di Raoul Follereau* Nongovernmental Development Organization
AK	Above-Knee
AOPA	American Orthotic and Prosthetic Association
BK	Below-Knee
Cat. I	Basic Level Orthopedic Technician
Cat. II	Diploma (3-years) Level Orthopedic Technician
CBR	Community Based Rehabilitation
CO	Certified Orthotist
CPO	Certified Prosthetist/Orthotist
CRS	Catholic Relief Services
DCOF	Displaced Children and Orphans Fund
DOLISA	Department of Labor, War Invalids, and Social Affairs
FBR	Family Based Rehabilitation
GSRV	Government of the Socialist Republic of Vietnam
HKAFO	Hip Knee Ankle Foot Orthoses
HVO	Health Volunteers Overseas
ICRC	International Committee for the Red Cross
ISPO	International Society of Prosthetics and Orthotics
LWVF	Leahy War Victims Fund
MOD	Ministry of Defense
MOH	Ministry of Health
MOT	Mobile Outreach Trip
MOU	Memorandum of Understanding
NCCD	National Coordinating Council on Disability
NLR	Netherlands Leprosy Relief
OCAT	Organizational Capacity Assessment Tool
ODTA	Office of Disability Technical Advisor
POF	Prosthetic Outreach Foundation
PWD	Person With Disability
RHIA	Registered Health Information Administrator
PDR	Physicians Desk Reference
PRM	Prescription Reference Manual
TATCOT	Tanzanian Training Center for Orthopedic Technologist

TLSO	Thoracic Lumbosacral Orthosis
TOR	Terms of Reference
VIETCOT	Vietnam's National Prosthetics and Orthotics School
VNAH	Vietnam Assistance for the Handicapped
VVAF	Vietnam Veterans of America Foundation
WCDO	World Concern Development Organization


CHINA
CHINA
LAOS
THAILAND
CAMBODIA
Gulf of Tonkin
Gulf of Thailand
South China Sea
Hainan Dao
Dao Bach Long Vi
Dao Cai Bau
Cu Lao Cham
Cu Lao Re
Cu Lao Thu
Con Dao
Hanoi
Vientiane
Bangkok
Phnom Penh
Ho Chi Minh City
Vietnam
International boundary
National capital
Railroad
Road
0 50 100 Kilometers
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Lambert Conformal Conic Projection, SP 20:00 N / 12:40 N
Names in Vietnam are shown without diacritical marks.

BACKGROUND AND INTRODUCTION

Since 1994, USAID's Leahy War Victims Fund (LWVF) and the Vietnam Veterans of America Foundation (VVAF) have partnered in Vietnam to provide support for and the strengthening of orthopedic services for people with mobility disabilities.

Under the first grant agreement, VVAF worked with the National Institute of Pediatrics to establish a thermoplastics orthotics clinic within the institute. The agreement included provisions for the training of national staff both in the United States and through visiting expatriate experts, and for the establishment of sound workshop and manufacturing procedures.

A subsequent grant allowed VVAF to expand the number of patients at the National Institute of Pediatrics and establish a second facility at Bach Mai Hospital. Again, the agreement provided for significant training of national staff at the hospital. Under this agreement, all training was done in country by both short-term consultants and full-time, on-site expatriate experts.

Since the program began, approximately seven full-time expatriate experts have been stationed at either the National Institute of Pediatrics or Bach Mai Hospital. Vietnam's National Prosthetic and Orthotics School (VIETCOT) has provided additional training.

The program has also provided equipment and materials for the provision of orthopedic devices. The vast majority of devices provided have been orthoses, although wheelchairs and, more recently, prostheses have also been provided. To date, USAID/LWVF has provided $4,995,870. VVAF has agreed to provide an additional $3,550,506 in cost-sharing funds for a total program investment since 1994 of $8,546,376.

The VVAF program has developed prosthetic and orthotic (P&O) service delivery programs in both the Bach Mai and National Institute of Pediatrics hospitals with an overwhelming focus (over 90 percent of the patient caseload) on orthotics.

Early startup was delayed in the Bach Mai Hospital project due to construction problems, and proper technical oversight delayed the establishment of proper orthotic services at the National Institute of Pediatrics. VVAF addressed these technical deficiencies after they were made apparent during a January 1999 review conducted by Mel Stills. Both centers are currently considered to be fully operational from the standpoint of being able to provide ongoing

services with trained staff. Improvements at both sites are possible, however, and until each site is integrated and supported by the Ministry of Health (MOH), there are questions as to whether or not they are fully operational.

In addition to the building and equipping of two fixed P&O facilities, VVAF has equipped mobile outreach vehicles to better facilitate the delivery of P&O services outside metropolitan Hanoi. Regularly scheduled outreach visits are made to provide services to those who cannot come into Hanoi. Staff members from either or both workshops staff the outreach vehicles, which means that during an outreach trip one or both of the centers cease to provide full services. One or two staff members is usually left behind to cover the workload. An administrative person supports these personnel while the team is away. Full medical and therapy services remain open and functional.

VVAF documents, statements, and actions put a great deal of emphasis on training of local staff to meet the long-term needs of the region. Prescription Reference Manuals (PRM) are being developed. Support is being provided to students receiving orthotic training at the VIETCOT P&O School, and upgrade training was provided to those already employed in the workshop but who had not received appropriate training in the technologies to be used. On-the-job and in-house training continue to be important aspects of VVAF activity. However, after 8 years, local staff does not demonstrate a level of technical expertise commensurate with the autonomy it is to be provided in the near future.

Under the new $4 million, 4-year grant agreement with USAID ($2 million LWVF funding and $2 million VVAF matching funds), VVAF plans to expand its scope of work to include the establishment of five new satellite facilities. Training methods and materials continue to evolve but there are indications that they may not be as effective as originally anticipated. Moreover, significant restructuring of areas of responsibility has recently taken place.

In June 2002, LWVF endeavored to conduct a technical review of the VVAF program. A team of two traveled to Vietnam to assess program status and to make recommendations for implementation of the new grant. Due to some misunderstandings, however, an outreach trip was scheduled and conducted the week the team was in town, which closed both workshops. Key staff was not available to the team.

This assessment is a follow-up to the June trip. While a new grant agreement was signed with VVAF in early 2002, it was made with the understanding that a technical team would evaluate the program and that findings and negotiated recommendations would become part of the partnership agreement.

Due to the diversity of the activities under the current VVAF cooperative agreement, a two-track approach was used during this assessment. One two-person team reviewed the technical aspects of the prosthetic and orthopedic services program (cooperative agreement goal 1), while another two-person team looked at administration, management, and the non-orthopedic objectives and activities (cooperative agreement goals 2, 3, and 4).

TECHNICAL ASSESSMENT OF PROSTHETIC AND ORTHOTIC SERVICES

Technical assessment of VVAF P&O service projects provided at the National Institute of Pediatrics and Bach Mai Hospital in Hanoi was undertaken by Mel Stills, CO, and Michael Quigley, CPO, November 4-15, 2002. Suzanne Stills, RHIA, assisted in a review of patient treatment records and statistical reporting of services provided. The team also visited other NGOs and centers that have had an effect on the services provided through VVAF projects. Visits were made to the VIETCOT P&O School, Netherlands Leprosy Relief (NLR), Ba Vi Center, Italian Association Amici di Raoul Follereau (AIFO), Hoa Binh Provincial Hospital, and two private P&O service providers.

VVAF's mission statement follows: "VVAF's mission is to assist those Vietnamese institutions and organizations whose mandate directs them to help the mobility impaired child and adult to achieve their full physical, social, economic, and political potential." As of November 14, 2002, a total of 4,570 patients had been seen, 7,878 orthoses fitted to 4,022 patients, 52 prostheses fit to 50 patients, and 132 wheelchairs delivered.

Prosthetic and orthotic services provided through the National Institute of Pediatrics and Bach Mai Hospitals are at a basic, acceptable level. The technical staff have mastered thermoforming techniques. There are examples of very good quality fit in some of the orthotic design fittings observed, but there were also numerous examples of poor clinical judgement in orthotic service delivery.

What is missing are the necessary skills to recognize where improvements could be made and function improved by design changes. The physicians' skills in patient functional assessment and orthotic prescription are still being developed. Rehabilitation, orthotics, and prosthetics professions are still being learned, and nowhere in the country is there a model to follow. It is VVAF's role and responsibility to help develop this model.

Education and mentoring must become a key element of this project. Education, training, mentoring, and team building are all required for all members of the team. The medical/surgical support services for P&O must be developed. There is tremendous interest in learning advanced treatment methods, but these methods should not be learned before the basics are mastered.

It is clear that the critical nature of follow up for children treated with P&O devices is not clearly understood. More outreach activities are planned without a plan for follow up. A child cannot be properly managed if he or she will not be seen again until 6 months or a year later. The majority of children have only been seen once during outreach when a device was provided. The history of follow up is no better for those children living in the Hanoi area.

The focus of services to children should be for the Hanoi area. As capacity grows, services should be expanded slowly outward, based on the ability to deliver a quality service. The number of patients currently seen and provided with a device is impressive, but the long-term effect on disability will not have been reduced unless the child's case is followed up on a regular basis. So far, no orthotic treatment protocols have been followed.

Continued outreach activities should be closely monitored and limited to VVAF's ability to provide appropriate supervision. Acceptance of poorly fitting devices cannot be justified nor should it be permitted by LWVF. Follow-up is mandatory.

There appear to be communication difficulties. The exact cause cannot be identified, therefore a solution will require creative thinking. Part of the problem is based on language differences. Part of the problem may also be the perception that VVAF employs a large, overpaid staff. Whatever the cause, this perception is creating distrust and suspicion. This problem needs to be addressed, and confidence building may be a start.

VVAF expatriate staff may also benefit from up-grade training. Both Jo Nagels and Kerry Fisher are qualified and confident in the jobs they do. Before consultants are brought in to upgrade P&O delivery, it might be wise to send VVAF expatriate technical staff out to gain some current experience in the procedure or technique to be taught. It is important that staff stay abreast of current practices and procedures, and continuing education should be an integral part of all staff human resource development. Selecting who is to come in and provide up-grade training is also a challenge. The questions of Who is available?, What is going to be taught?, and Can the project provide the material and technical support? must be answered first.

A first step will be to give the project exposure to the general P&O community. Kerry Fisher seems to have done that with her Australian colleagues, but it really hasn't occurred much in the American community. There are two very good opportunities twice a year in the United States, namely the American Orthotic and Prosthetic Association (AOPA) meeting in the fall and the American Academy of Orthotists & Prosthetists (AAOP) meeting in the spring. Both meeting are attended by more than a thousand American CPOs as well as a number of foreign CPOs.

There is a tremendous amount of material available in the daily operation of the two P&O services sites administered by VVAF/Vietnam. Submission of abstracts to either of these meetings is encouraged. While visiting the United States to make presentations, time should

also be taken to undergo up-grade training. LWVF technical consultants could provide assistance in selecting sites to visit and contacts to make.
The focus of VVAF's project in Vietnam has broadened to the point that there is concern that VVAF may have lost sight of the thing it once did very well–the provision of P&O services. All aspects of what VVAF wants to do are important, but broadening the scope of work is based on the premise that VVAF is providing an appropriate level of P&O services and developing a base for technical sustainability.

To improve the situation in an organized fashion, some basic management and clinical tools need to be introduced, such as treatment protocols, job descriptions, staff meetings, clinics, rewards, and incentives. It is hoped that one or more strong leaders of the P&O program will emerge from this effort.

A great deal of attention, lots of work, and changes in direction will be required if this project is to achieve the goals set for it. Technical sustainability will not be achieved during the remainder of this agreement without these efforts.

National Institute of Pediatrics

The National Institute of Pediatrics was founded in 1980, and the orthotics program was started in 1994. The oldest patients seen at the institute are 16 years of age. Tran Thi Thu Ha, a physiatrist with a pediatric background, directs the orthotics program. Dr. Ha says that the orthotics program is technically sustainable, but needs upgrading. Dr. Ha cites her main need as being a new hospital building for the pediatrics department.

The P&O and rehabilitation project for children with disability (National Institute of Pediatrics and VVAF) sees a high volume of pediatric patients with mobility and skeletal impairments. In September 2002, 367 patients were seen in the rehabilitation department; of these 172 were for follow-up visits and the remainder were new patients. The orthotics department fit 103 orthoses to 61 patients in the same month. The rehab unit has a total working staff of 25 individuals and is overseen by a steering committee of 3 individuals. There are 5 physician staff members, 5 orthotic workshop staff members, 8 physical therapy staff members, 2 occupational therapy staff members, 2 speech therapy staff members, and 3 reception and administration staff members.

The Orthotic Department at the National Institute of Pediatrics has been in operation since 1995. It is located at the end of a long hallway that is used as a patient and family waiting area. Doctors' offices, physical therapy treatment rooms, a swimming pool, and casting rooms are located on each side of the hallway. The orthotic fabrication area is at the end of the hall and consists of two rooms. The main room is a general fabrication area with an attached machine room. This space is well laid out but cramped for the current workloads. Examination of the workspace does not indicate any gross safety issues but improvements of the dust collection system should be undertaken as soon as possible.

Outreach

Outreach activity appears to be a major objective of the National Institute of Pediatrics. In a November 1, 2002 report, the institute indicated that 4 outreach trips were made, 452 patients examined, and 222 patients delivered orthotic services, but it reported that 144 orthoses were made. A review of VVAF statistics indicates a total of 6 outreach activities and 462 patients were seen. There were 130 referrals for devices and 137 devices delivered. Standardization of reporting is needed to avoid confusion.

The National Institute of Pediatrics workshop is closed the week prior to and the week of outreach activities. There is down time also on return when the outreach trucks are cleaned up and put back in order. At least 8 weeks is lost in productivity for the workshop and patient care for the Hanoi area.

Follow up is essential whenever orthotic services are provided to any patient population; it is absolutely essential when children are treated with any P&O device—a growing child may require modifications in a device several times throughout the year and replacement possibly every year. The National Institute of Pediatrics medical staff provided estimates that ranged from 40 to 100 percent of all patients seen receive follow up. Statistical reporting indicates the number of patients seen for adjustments, modifications, repairs, or replacement by the institute from the Hanoi area to be 8 patients this past quarter out of a total of 1,380 devices delivered in 2001. A total of 87 follow-up visits were reported for 11 provinces during the quarter, with the majority occurring in Thanh Hoa and Ha Giang provinces. There is little indication that routine follow up is an ongoing activity, and the total patient population seen to date from the Hanoi area alone would keep this workshop very busy 52 weeks per year.

Because the workshop has just returned from an outreach activity, there were not significant numbers of patients waiting for orthotic delivery. New patients were being seen by physicians and referred to the workshop for casting. Workshop practice is to limit new patient intake the week prior to outreach, and no patients are seen the week of outreach. This practice severely limits the number of patients from the Hanoi area that can be seen by the workshop.

Documentation and Records

National Institute of Pediatrics staff members were asked to select records for the assessment team to review. Other records were requested and they, too, were provided. Patient records, selected by the assessment team randomly, indicated that great care is taken to ensure that all patients are properly registered and a medical record is properly maintained. Ministry of Health history and physical forms are used and placed in the medical record. The examining physician completes these detailed forms. Law requires that only the Vietnamese language can be used in the official record. Initials such as KAFO (knee ankle foot orthosis) and AFO are not permitted. Dr. Ha indicated that she reviews all new patient records and signs off on all

intake reports. She also indicated that MOH comes to check the records quarterly and that the hospital comes weekly to check the Rehabilitation Department, including the records.
A second physical assessment form, prepared by Don Weber, is used to aid in the orthotic prescription. This form does not appear to be completed in the records reviewed, and marking could not be interpreted as to range of motion or the desired control to be provided. Gait assessment to aid in developing orthotic prescription was not comprehended from the record. Line drawing of six AFO designs for selection were displayed. There were no reports in the record of patient performance following orthotic fitting.

The National Institute of Pediatrics provides a second record to the patient that documents services provided and gives information regarding such areas as the orthosis received, benefits, instructions, wearing schedule, and direction for home treatment activities. This record is controlled by the patient and is brought in on the occasion of each visit to the clinic.

Records of some patients seen on a the National Institute of Pediatrics mobile outreach trip (MOT) to Ha Giang Province were reviewed. They are kept in a large ring binder. The log of demographic information about the patients seen is a handwritten logbook. The log indicated that 33 of the 56 patients seen (59 percent) were follow-up patients. The physicians seem to have made adequate notes on the MOT record, but there were few notes by the P&O technicians.

When a MOT is planned, a list of patients is sent to the province so that those patients will know they should be there for a follow-up visit. Not all the patients show up as scheduled. It was indicated that the provinces may disregard some on the list and make substitutions. It was recommended that a note be placed in the patient record regarding the date of the attempted follow-up visit and the reason why (if known) the patient was not seen. Staff members indicated that follow up is done on 40 to 50 percent of the patients.

Only one record of a patient being treated for scoliosis was examined. Records indicate that the patient had been seen on eight occasions. An X-ray was provided from one of his visits. Old X-rays are given to the patient to keep, apparently without a copy at the hospital. Cobb markings were placed on the X-ray, but no degrees of curvature were indicated. Not until the patient's sixth or seventh visit was a degree of curvature recorded in the record. Neither the directions of the curve, magnitude, apices, nor compensations were recorded. VVAF staff members indicated that progression of scoliosis is not documented prior to starting brace treatment. Effectiveness of treatment is not indicated in their record. The National Institute of Pediatrics staff wants training in scoliosis management, and this is planned for early 2003.

Orthotic and Prosthetic Service Provision

AFOs are the most commonly prescribed and fit devices at the National Institute of Pediatrics. Hip knee ankle foot orthoses (HKAFO) and KAFOs, as well as wrist hand orthoses, are also frequently prescribed. Spinal systems are less frequent. Cerebral palsy is the most common disorder treated, followed by polio and spinal disorders. Interestingly, the disorder group that is

grouped under "other" is nearly as large as the one that is grouped under cerebral palsy. The complexity of diseases and varieties seen under the "other" grouping is so large that it makes up 31 percent of the total patients seen. The complexities and challenges of delivering medical services in Vietnam have left a huge backlog of untreated cases that would challenge the best of rehabilitation facilities.

AFO design selection is limited to the six designs indicated on the assessment form. Ankle joints are not readily available, and the most common design used appears to be a solid ankle design. The use of total contact ankle-foot control designs has not been effectively used to date. Current modification of positive models is inappropriate for this concept, but Jo Nagels plans to address this in the near future. The use of thinned, wrap-around custom designs common in treating children with cerebral palsy has not been used and is inappropriate at this time due to the lack of routine follow up.

The pigmented polypropylene currently used appears to also have high polyethylene content and is considered too flexible for posterior leaf designs. Two thicknesses of material are thermoformed over the patient model to provide adequate stiffness.

There is a charge for orthotics services, with consideration given for the indigent. The charge for an AFO is 170,000 Dong ($12) and for a thoracic lumbosacral orthosis (TLSO) for scoliosis is 600,000 Dong ($40).

Children with medical conditions and deformities that require surgical treatment prior to orthotic intervention are referred for surgical correction. Because of limited funds, only a small percentage of these cases have received the necessary surgery. As a result, attempts to brace deformed limbs are often ineffective.

The technical delivery of orthotic services appears to be at a basic, acceptable level. Harm is not occurring as a result of services, but higher functional levels or better control over the segment, or both, would be expected if better fit were achieved. Observations of casts, cast modifications, and devices by Wilfried Raab from VIETCOT indicate that the technical delivery of service is in keeping with the training the National Institute of Pediatrics orthotic staff received while at VIETCOT. Technical oversight of the program is the responsibility of Jo Nagels, who spends several hours each week at the institute.

As an adjunct to mentoring and training, medical staff at the National Institute of Pediatrics wishes to see a prescription reference manual (PRM) developed. A PRM is a cookbook-style reference guide that lists the most common orthopedic challenges and their treatment modalities. The book being developed will picture a device and then give the reasons and indications for its use. The assessors fear that doctors will view this manual as a short-cut method and may simply look through the book and pick out pictures. The Physicians Desk Reference (PDR), a very well know publication, lists the symptoms which lead to the diagnosis and treatments. The PRM could be a very useful document if it were to be used in a similar way to the PDR. It is unclear to the assessment team what value this manual would add over similar reference books and materials. Don Weber, a VVAF consultant, spent close to 18

months at the National Institute of Pediatrics and a majority of his time was focused on developing a PRM. It appears that while a great deal of material was generated in the form of PowerPoint presentations, little was accomplished on the PRM manual itself. Kerry Fisher has prepared an outline that will permit illustrations and indications to be plugged in as they are developed. The PRM is a major undertaking but the reviewers believe that it will never provide a realistic shortcut to orthotic prescription.

Training and Mentoring

Current orthotic technical staff have all received training at VIETCOT. One is a graduate of the special 18-month Cat. II for orthotist training course. Two staff members graduated from the three year, Cat. II orthotics/prosthetics course, and one staff member is now in the Tanzanian Training Center for Orthopedic Technologist (TATCOT) school undergoing the 4-year International Society for Prosthetics and Orthotics (ISPO) Cat. I training. One staff member is a Cat. III bench technician. Don Weber, who is also a full-time mentor as well as a VVAF consultant, spent 18 months at the institute and departed in June 2002. Much of his efforts were in developing instructional materials and providing in-service training. It has been reported that he did not focus his attention on mentoring via hands-on activity with the institute's technical staff. The staff still has difficulty providing appropriately fitting AFOs. Proper documentation is unavailable in any of the treatment records examined.

Graduation from any P&O school, Cat. I or Cat. II, means that the individual has received technical training. This only covers the basics and does not properly prepare an individual for all the routine or complicated clinical cases they will see in daily practice. They have not had the time to develop their clinical skills as of yet. Proper mentoring and technical guidance is still needed. There are no shortcuts to proper mentoring. There is a direct correlation between effort and outcome. A great deal more mentoring must occur before anyone can train to a proper level.

If an increased number of patients are provided appropriate follow up, more complex but very appropriate orthotic designs are used, the treatment of scoliosis increases, or any other new treatment methods are undertaken, a significant staff increase will be required. First consideration should be given to adding bench workers to free up technicians to see more patients, but any significant changes may result in a need for staff increases.

Observations

- Physical assessment information for patients is inadequate for making rational decisions regarding orthotic prescription
- Technical information is lacking for rationale in orthotic selection
- Descriptions of functional outcomes as a result of orthotic fitting are not available in the medical record
- Follow-up efforts are not well organized
- Statistical data does not match that reported by VVAF

- Current space is crowded or inadequate for current clinical needs
- Orthotic component design selection is limited
- The treatment of scoliosis is of major importance to the National Institute of Pediatrics medical staff
- The rationale, importance, and implementation of clinical follow-up of children treated with P&O services will require the development of written protocols and guidelines
- The quality of orthotic fit about the ankle is inadequate for appropriate control
- The National Institute of Pediatrics medical staff believe that the PRM will better facilitate orthotic prescription
- Polypropylene appears to be of a quality that requires reinforcement against bending
- Patients with deformity or contracture who are not bracing candidates are placed on a surgical waiting list. If funding is not available they go untreated
- Delays occur in the repair of broken production equipment
- Safety issues exist, though no alarming ones
- Technical delivery of orthotic services appears to be occurring at a basic, acceptable level

Recommendations

- Continued up-grade training of the National Institute of Pediatrics medical staff in physical assessment of disability and orthotic prescription rationale is encouraged
- Priorities for the provision of orthotic services need to be established. There is no clear understanding of desired outcomes or realistic expectations of orthotic services
- If it is determined that the orthotic treatment of scoliosis is a priority, appropriate training and mentoring of both medical staff and technical staff is required
- Clear guidelines and protocols must be established for fitting and follow up of all disease categories managed with orthotic services
- Because all available technical staff are already fully engaged, undertaking an increase in any one area will require a reduction in another area unless there are staffing increases or improved efficiencies
- A narrative of patients' functional deficits and a description of orthotic rationale in the medical record may better facilitate orthotic design selection
- A description of orthotic functional outcome by the orthotist should be included in the record
- Training P&O technical staff members in medical documentation of patient-services provided must be undertaken
- Orthotic ankle joints should be included in the inventory
- Plans to address methods for better ankle control are in place, but mentoring will be required
- Effective orthotic treatment of many children is delayed because there is not an effective method of obtaining required orthopedic surgical procedures. The development of any comprehensive pediatric treatment program requires that surgical capacity be available. Coordination with other NGOs, international institutions, and national and international societies may better facilitate funding and technical capacity

- Statistical reporting methods should be standardized
- When current polypropylene stocks are depleted, a grade of polypropylene with less polyethylene should be considered
- Bulk buying of polypropylene with cost-sharing between NGOs should be revisited with long tern needs of facilities in mind
- The PRM is seen as a shortcut to prescription development and will require a tremendous effort to complete. Efforts to complete this project over the course of this grant cycle will divert the available technical talent away from clinical services. This would be a reasonable project if orthotic services were at a level expected after e8 years of funding. Examination of the new VIETCOT orthotic publication may expedite the development of the PRM, but it should always be a work in progress. This project should be given low priority and its completion date set back to allow time for the CPOs to properly train, supervise, and mentor staff
- Current clinical space at the National Institute of Pediatrics is not effectively used. Modifications to this space could facilitate more and better patient care. The effectiveness of current modalities and the space they occupy should be reassessed
- A pediatric orthopedic consultant should assess the current treatment modalities and aid in the development of treatment methods and protocols
- Workshop safety procedures need to be followed. The dust collector is not always used and current design does not encourage its use
- Delays occur in processing work requests, and methods to expedite this process should be undertaken

Bach Mai Orthopedic Workshop

Bach Mai Orthopedic Workshop is located within Bach Mai Hospital. This is an extensive hospital campus of patient treatment facilities that includes all the medical and surgical specialties and the treatment of both the adult and pediatric population. The building that houses this department and the physical medicine department is of a unique, round design. It is best know as the site of an American bombing during the Vietnam War.

Spaces in the rehabilitation section of Bach Mai Hospital were renovated or recently constructed. The workshop occupies 100 or more square meters of space. There were many delays in completing construction of this workshop, primarily caused by the rights of a squatter occupying some of the space needed by the workshop. Those issues were finally resolved and the workshop became operational in 1999. Other renovations have take place more recently. A doorway was installed that permits direct access to and from the physical therapy treatment area and the workshop. This change facilitates better patient access and promotes greater cooperation between the P&O department, physical therapy, and a local prosthetist providing prosthetics services to leprosy patients under care by Netherlands Leprosy Relief.

Completed statistical data from VVAF indicates that there is a steady rise in the number of patients seen and the number of devices provided at the center since operation began in 1999.

In 2001, 337 patients were seen and 485 devices were delivered. During the same time, 343 patients were seen during outreach and 367 devices provided. AFOs are the most commonly provided device, followed by wrist hand orthoses, TLSOs/LSOs, and KAFOs. Cumulative data for 2002 was not provided, but discussions with VVAF staff indicate that the number of patients to be seen and the number of devices to be provided is on course with projections.

Outreach

Outreach is a major undertaking of this center as it is at the National Institute of Pediatrics. Jo Nagels indicated that the quality of services provided during the last outreach activity was not sufficient, but the ability to reject the fitting in favor of recasting was not an option due to time and distance constraints. Outreach activity needs to be reassessed as to the quality and quantity of work that can be accomplished in the time available.

Follow up is not accomplished to any successful degree. Bach Mai does have a significant child patient population, which mandates follow up. Adult populations can accommodate fewer follow-up activities in that they can compensate for ill fit and growth is not a factor. VVAF staff must emphasize the importance of follow-up and establish protocols to ensure this practice is established. If follow-up is not available for children, there is no benefit to one-off orthotic or prosthetic service provision. Providing P&O services to a child is an ongoing process. No cure has ever occurred as a result of a single fitting of a device.

Staffing

Current staff levels at Bach Mai Hospital's rehabilitation unit include 14 MDs. The P&O workshop is staffed by 8 technicians. The designated workshop supervisor is currently in Moshi, Tanzania undergoing Cat. I training at TATCOT. Four of the Technical Staff are Cat. II trained at VIETCOT, one bench worker, one receiving orthotic training, and one trainer. Five persons with disability (PWD) will be chosen for bench worker training. Administrative staff, nurses, and physical therapy staff members total 24 persons. Physical therapy students and VIETCOT students rotate through the department during the year.

Orthotic and Prosthetic Service Provision

In-house orthotic services are primarily done for patients referred to the department by the four rehabilitation doctors and by referral from the outreach activities. The weekly report prior to the assessment indicated ten patients were seen at the Workshop. The work observed was primarily left over from the outreach activity the week before the assessment team arrived. As is the practice at the National Institute of Pediatrics, the Bach Mai Workshop basically closes down the week prior to and the week of outreach. A skeleton crew is maintained, but as was reported on the earlier trip in June 2002, few if any patients are treated in the center during outreach.

A review of casts awaiting modification with workshop staff was a disappointing exercise. Many of the casts were remaining from an outreach activity in June and July of 2002. Some of the casts were taken for deformities for which orthotic management would have been ineffective. A review of the patients' medical records provided little information as to the disability or the orthotic design rationale to be used. Assessment forms were incomplete, active or passive range of motion was not recorded, and deficits could not be determined. Some casts were taken without any input from a physician. Many hours are wasted if orthoses are made for patients who will never be able to use them.

Observations during cast modification provided opportunities for many questions. Even with translation it was difficult to understand the rationale for the procedures that were followed. One example is that every cast has a build-up added around the medial/posterior/lateral aspect of the calcaneus. This reduces the ability of the orthosis to control medial and lateral movement at the ankle. Jo Nagels and Kerry Fisher have indicated that they have tried to end this practice but have been unsuccessful convincing technical staff to do so. A review of this procedure with Wilfried Raab from VIETCOT reveals that this procedure is taught to the students because the students are taught to take casts in a non-weight-bearing condition, and this modification accommodates displacement of the fat pad during weight bearing. The problem is that, as a result, technicians now take their cast in a weight-bearing condition and this build-up is no longer required. The result of doing this build-up is a heel area in the orthosis that is too large.

Observations during casting also revealed problems. Technical staff failed to recognize proper casting procedures around the knee when casting a floor reaction type AFO. Technicians wanted to cast the extremity in full knee flexion, which would have resulted in a non-functional position. In another procedure a two-part casting was observed when only a one-stage casting was required. All casting observed by the assessment team used an improper method by casting the extremity from proximal to distal. The proper method of casting extremity is from distal to proximal; this facilitates better control of the limb and reduces the effect any edema might produce.

One paraplegic patient was observed with bilateral KAFO fittings. The quality of fit was good. Because balance is very important in this population, normally it would require that a double adjustable ankle joint be used. This option is not available, and the assessment team demonstrated how adding material under the heel could shift the weight line.

Problems observed in casting, modification, and fitting reveal the continued need of full-time mentoring. In some areas the technical staff are very good, but in other areas a lack of clinical judgement is obvious.

Staffs demonstrated that they learned the basics as a result of their VIETCOT training, which focused on the technical aspects of P&O delivery. However, it takes time to advance clinical judgement to an appropriate level. In the United States, it is generally agreed that approximately 5 years are required in a well-balanced, properly mentored environment. The

cases seen at Bach Mai are possibly more complex and in greater numbers than would be routinely seen in the average facility in the United States. Also, the technical staff trained in prosthetics continues to provide limited prosthetic services to patients—17 prostheses were noted to be works in progress.

Wilfried Raab, who reviewed technical work, indicated that the technical level of services was in keeping with the training provided at VIETCOT. He recognized that the school can only provide the basic technical teaching and that mentoring plays a major role in the professional development of a competent P&O practitioner.

Records and Documentation

Review of patient dossiers revealed that little medical information was provided and that physician orders were unclear regarding orthotic needs. Some orders simply stated: "cast and brace." A great deal more effort must go into up-grading the physicians' knowledge of orthotic prescription and the potential for a positive functional outcome. Physicians should ensure that quality services are provided, which will only occur if they receive proper training and mentoring.

Materials

The majority of wrist hand orthoses, TLSOs, and LSOs provided could be provided via prefabricated designs. Currently all are custom fabricated from an individual patient model. Unless deformity is present, models could be saved and devices manufactured based on measurement. The appropriate model could be selected and the device made from that model. Over 350 castings could have been avoided in 2001. Possibly the introduction of the bench worker will permit this approach in the near future.

The same problems that were reported with polypropylene at the National Institute of Pediatrics also exist at Bach Mai. Using a better grade of polypropylene will rectify this. Currently, polypropylene is imported from a South African firm.

Communications

There seem to be serious communication problems between VVAF and Bach Mai Hospital. This feeling of being "outside the loop" is creating mistrust and paranoia in some people. Bach Mai medical staff feel that the P&O workshop is VVAF's project and responsibility, and VVAF believes it is Bach Mai's responsibility. Guidelines, protocols, and MOUs may exist, but there is a basic misunderstanding of roles. The basis of these communication problems is unclear, but this problem needs to be addressed quickly.

Within the Bach Mai Workshop communication can be improved with weekly staff meetings. These meetings can cover administrative matters and become a basis for clinical skill building. Each week a topic can be picked for discussion. It can be based on a patient currently

undergoing treatment. Then, the pathology can be identified, journal articles provided, and the technical person responsible can do a case presentation. Also, options can be discussed, outcomes described, and other steps taken. Such steps will help improve communication among staff members, providing learning experiences and opportunities to prod, push, and praise. Because translation is required, time is limited. In the beginning, Jo Nagels might make the first presentation and Kerry Fisher respond. The next time, Jo Nagels could present again and one of the technical persons respond, and on the next occasion a technician could make the presentation and one of his colleagues respond. Confidence should be built before exposing technicians to areas outside their responsibility.

The same approach could be used with doctors in their own environment. Having both groups meet together will build the team concept. Once confidence is established in discussing cases, multidisciplinary clinics can be developed. This will become an example that the satellite facilities can follow. This is the model all successful centers of excellence follow.

It is important that time be set aside for training activities–time that is separate from staff meeting and clinic time. The technical staff must learn they are part of a profession, and as a professional, sometimes uncompensated time is required. Meetings may take place before normal work begins, or during lunch, or after work. Taking one hour out of two and one half-hour lunch breaks is a good start.

The workshop seems to lack a strong local leader, someone who is technically capable, responsible, and able to lead. This person should also be able to represent the workshop both inside and outside Bach Mai Hospital by giving presentations and seeking new referral sources. Without such leadership, it will be difficult to sustain the workshop without foreign influence. If a leader cannot be found within the existing workshop employees, it may be necessary to recruit one from elsewhere.

The Bach Mai Hospital plans to be the national center for excellence in rehabilitation, which would be a magnet for difficult rehabilitation cases from all over the country. The orthotics and prosthetics department is also intended on being the national showcase. To accomplish this, both the physicians and the orthotists/prosthetists need to differentiate themselves to attract more referrals from outside the hospital. Currently, the orthotics department sees only one or two new referrals per day, and these are primarily from Bach Mai staff. This is a very low rate of referrals considering the population base, and the workshop staff will be able to handle two or three times this number of referrals once they are fully staffed and more experienced.

Observations

- Bach Mai rehabilitation doctors are the primary referral source for patients
- Dossiers and medical records lack critical information
- Technical capacity is good but clinical judgement skills require considerable upgrading
- Clear leadership within the technical staff has not been defined
- Technical leadership has been designated by Bach Mai but the decision was political and

not based on demonstrated leadership capacity
- Technical mentoring by VVAF has improved but a greater time commitment is required
- Medical staff does not have adequate knowledge of orthotic prescription rationale
- Treatment options and projected outcomes are not clearly understood by staff
- Education must become a critical component of this project
- Development of clinical skill must be a daily objective within the center
- Communication skills require improvement
- Prefabricated orthotic designs could greatly expand the center's capacity to care for greater numbers of patients without increasing technical staff
- Center is closed, in effect, the week prior to and the week of outreach
- Follow up is very limited
- PWDs will make up bench technician staff
- Improved grade of polypropylene is needed

Recommendations

- Improve communication and standardize and clarify documentation
- Provide ongoing mentoring to ensure that clinical judgement skills are developed
- Provide upgrade training for medical staff to improve assessment skills and understanding of realistic P&O outcomes
- Provide upgrade training for P&O technical staff so that they can better document functional outcome following provision of P&O services
- Identify and establish leadership within the technical staff
- Develop a closer working relationship within the Bach Mai Hospital to reduce the number of political appointments, and reward quality with promotions, recognitions, or incentives
- Limit outreach activities, as they adversely affect the center's capacity to provide ongoing clinical services to the residents of Hanoi
- Expand follow-up services to all children treated within the center and establish follow-up procedures for an appropriate percentage of the adult population
- Establish regularly scheduled staff meetings clinics, rounds, training programs for both medical and technical staff
- Make the mentor's roles, responsibilities, and authorities clear to all parties
- To avoid confusion, at any one time give one mentor authority over one group or individual
- Clearly define who works for and with whom
- Establish guidelines for use of prefabricated designs; do not wait for POF to get started
- Continue to expand PWD roles in providing P&O services
- Expand types of thermoplastic material based on clinical needs
- Increase component selection for knee and ankle control
- Expand referral sources outside Bach Mai by making contact with other hospitals, physician groups, clinics, and NGOs
- Develop methods to reward good work and to recognize quality
- Develop a larger referral base for the Hanoi area

- VVAF must take more leadership responsibility within Bach Mai's rehabilitation department and the P&O workshop
- VVAF technical staff must lead by example and be permitted to reward where appropriate
- Establish adequate staff meetings with center staff, rounds, and clinics

ADMINISTRATION, MANAGEMENT, AND NON-ORTHOPEDIC OBJECTIVES AND ACTIVITIES

A tremendous amount of internalization of the project processes and results has taken place since the agreement began and a USAID team last visited, in June 2002. This has resulted in re-prioritization as well as adaptation of initial objectives and activities. The planned program also appears to be understood and embraced by local and national government offices and officials, which indicates an achievement of a crucial benchmark.

Similarly, while the project overall is behind schedule in many of its activities, much has been accomplished to date. VVAF and national staff demonstrate strong abilities and support for the project and this has led to early achievement of some key accomplishments. Fundamental assumptions made in designing the project have been re-evaluated and re-worked. The project is moving forward in a direction that appears to be solid in its notions and statements. To continue with its success to date and to ensure that the impact of the project will reach its fullest potential, the assessment team recommends that a number of areas be strengthened.

First, quality assurance of project objectives and activities needs to be a priority. General project memorandums of understanding (MOU) have been helpful in the project. These MOUs have empowered the Vietnamese and held them accountable for the achievement of the project objectives and activities. Similar MOUs should be developed, negotiated, and completed for the technical aspects of the project—clinical, self-help, and linkages programs. Provision of the MOUs also needs to be complied with after implementation. MOUs that are developed should encourage greater partnership and investment by the host country partners. Investment doesn't have to be financial. Instead, there may be commitments to participate in trainings held, provide some staff services without the need for payments, or allow for new protocols such as "grand rounds" to be implemented. VVAF should be prepared to back away from, or change, elements of the project if these agreements are not honored. Also, investigation should be made into provision of external advice and assistance in the development of quality principles, tools, and protocols. LWVF will discuss with Rashad Massoud, URC, the possibility of using the QAP project slated to begin in Vietnam in December.

Second, a solid monitoring and evaluation plan, which includes benchmarks and impact indicators, should be developed as soon as possible. This plan should cut across all objectives and activities. USAID/Cambodia and USAID/Vietnam will offer assistance in the development of the monitoring and evaluation plan and may be able to identify expertise within USAID to assist VVAF in these efforts.

Finally, on the basis of this assessment and on discussions between the organization and its project partners, VVAF should prepare and submit an amended project workplan and budget for approval no later than the first quarter of 2003.

Staffing

Current VVAF staffing in Vietnam includes 9 expatriate staff members and 18 local staff members. Of this total, 3 expatriates are full-time on the USAID/LWVF project (Kerry Fisher, project manager; Jo Nagels, clinical supervisor and mentor; and Caitlin Wyndham, consultant for the self-help groups). VVAF employs 9 national staff members on a full-time basis on the project, and a single MOH staff member and single bench worker trainer are contracted for services. An additional 3 national staff members are employed by the Bach Mai Hospital—these graduates hold indefinite contracts with the hospital, but are not yet permanent staff members. The hospital has assured VVAF that the technicians will be incorporated into the hospital system by the end of the grant period. There is some skepticism as to whether or not this will really come to fruition. VVAF would like to employee another 1.5 full-time national staff members as translators.

National staff members that have been formally incorporated into the hospital structure, though reimbursed by VVAF, are paid a wage that is commensurate with other hospital employees of the same status (around $50 per month). The employees who have not yet been incorporated receive a hospital employee rate (approximately $50 per month), plus an additional $35 per month. In a move to increase local ownership and participation, hospital staff salaries are paid by VVAF to the personnel department at the hospital and that department is then responsible for the disbursement of the salary. For the employees who receive the additional $35 per month, VVAF pays this reimbursement directly into the employees' bank accounts. The non-parity in salary is based on the fact that prior to the new management and grant agreement, the employees were paid $85 per month. Fear that the employees may leave prompted VVAF to leave the salaries at the much higher rate rather than negotiate a true hospital salary. There are indications that the other hospital employees are aware of this additional payment and that this payment has caused some ill feelings. Moreover, national staff from several other NGOs indicate that the hospital itself is aware of these payments and that the hospital, in return, has reduced the full payment that is supposed to be paid to the staff. This means that the hospital is actually keeping the extra $35 per month in payment. VVAF is aware of these accusations and has done some preliminary investigations. The assessors suggest that further investigations are undertaken, as these accusations are still being levied.

An additional number of staff members, including two expatriates (David Holdridge, country director, and Alex Rietveld, administrative/finance manager) are employed part-time on the project. While the cooperative agreement notes that these staff will spend 50 percent or less of their time on the project, the reality has been that in these initial stages, they are spending approximately 70 percent. This has to do with the fact that fairly wide-sweeping changes were needed in the administration and management of the program and the fact that VVAF's other

large program, a Level I survey funded by the U.S. State Department, has not yet been approved by the Government of the Socialist Republic of Vietnam (GSRV).

A strategy to transfer management of the program to the national staff is in place and is being followed. VVAF employs very capable and proficient local staff. The country director notes that his national staffs in Vietnam are the best he has worked with in over 20 years of overseas development experience. Nothing seen during this assessment would dispute that assertion. VVAF has also tried very hard, and has been successful, in recruiting Vietnamese with disabilities as employees.

Clear staff terms of reference (TOR) are in place as are regular employee reviews, which include mutual goal setting. An employee field manual was recently completed and meetings have been held to discuss and understand its contents, in draft and final versions. Staff members appreciate the work that has been done to make employment at VVAF an enriching and rewarding environment.

Human resource development and training for local staff is in place and is being implemented. It is suggested that a similar plan also be developed and implemented for permanent expatriate staff.

A staff organigram has emerged and lines of communication appear to be clearly delineated. Staff report, however, an occasional lack of information sharing. In particular, workshop staff members request that they be more fully informed and made aware of decisions being made in the office. Moreover, at the clinical level, if delegation of authority is given for management, this should be followed closely. For example, recently a number of bench workers were interviewed and hired for the workshops, without the participation of the clinical supervisor. Although the clinical supervisor was on outreach during the interview process, and gave his permission for this to take place, the indication given to national staff is that this person is not in charge. Respect can be lost in instances like this, and confusion sown in the minds of the hospital and workshop staff as to whom they really are accountable.

Payment and reimbursement schemes used by VVAF for national staff need to be addressed. Another example, in addition to the aforementioned $35 payment, is the bench worker. This person has been brought up from Ho Chi Minh City and is based at Bach Mai Hospital. He is being paid approximately $250 per month, which is approximately five times higher than the monthly payment for the workshop supervisor. This person is no more qualified than some of the other staff at the workshop. Understandably, some additional compensation was required to get him to come up to Hanoi for the training, but this payment rate appears exorbitant, despite the fact that he is a VVAF contract employee. The MOH staff member contracted to assist with the provincial-based objectives is another example of very high contract costs being paid for national staff. The contract for this person is approximately $350 per month.

Salary or reimbursement aside, the contract raises another issue in that the MOH wants to direct provincial activities, yet VVAF has to pay substantial buy-in costs. If the MOH is keen to have

these activities implemented, why wasn't a seconded position negotiated? While VVAF indicates that this payment is required, work to be completed, or that certain staff are nominated because it is "their turn," other NGOs indicate that this does not have to be the case and that they have been successful when insisting that no payments be given or that alternative staff be recommended.

Similarly, VVAF-nominated students at VIETCOT are paid a stipend of approximately $10 and receive outside training in English and computers. The other students, all of who (including those from VVAF) are being supported under the USAID/Health Volunteers Overseas (HVO) grant, do not receive this money. This is causing some difficulties at the school. An amicable solution needs to be found.

While these costs may not seen as being very high, the reality is that they set an unhealthy and unsustainable precedent. Also, they are a cause for resentment with the NGO community.

Recommendations

- While the intent of the program is to nationalize the overall program, the number of direct VVAF staff involved in the program continues to increase. Some efforts have been made to utilize non-VVAF staff. VVAF is encouraged to continue to investigate and use this approach. For example, an additional 1.5 persons are needed for translation. Rather than hire staff under VVAF auspices, might these services be obtained through a contract with a public or private firm? Might the hospitals or MOH be able to second or nominate appropriate staff?
- The assessors noted that the deputy program manager is carrying a heavy load of responsibilities. Although this may make her familiar with a wide variety of activities, action should be taken to make sure that she is not being used for non-essential tasks. Capacity building and empowerment of other local staff is essential
- Discussion must progress with MOH on the provision of sufficient remuneration for staff of the two clinics, whether through increased salaries, incentives, distribution of profits from patient fees, payments from the national insurance program, or other appropriate mechanisms. If this issue is not resolved, the sustainability of the program will suffer and the investments of VVAF and LWVF will be put at risk
- Salaries and salary supplements needs to be revisited. Buy-in appears to be purchased as opposed to negotiated, which is unhealthy for a number of reasons
- Lines of communication and delegations of authority under the organizational organigram should be recognized and respected. It is confusing, and some instances counterproductive, if staff is reporting to several different people
- An HRD and training plan for expatriate staff, including the clinical supervisor, should be investigated. LWVF could help identify and facilitate training opportunities

Finance and Administration

Because of an increase in the number of staff and the complexity of programs under the current USAID/VVAF program, a tremendous amount of work was needed to strengthen the finance, administration, and procurement functions of the office. These changes have, for the most part, been successfully completed and are now being implemented.

Central to these changes has been the empowerment of national offices and project partners to assume many functions. A core aspect has been the development of clear and detailed MOUs with both the National Institute of Pediatrics and Bach Mai Hospital. Though neither MOU has yet to be signed by the respective hospitals, many functions outlined under the MOUs have been assigned and are being assumed. For example, where previously VVAF did all of the procurement for goods (including small items such as office supplies), the hospital procurement office now does this work. An approved budget was given and it is up to the hospital to manage these expenses. For large procurements of imported goods, the hospital is involved in setting the order and for clearing it once it arrives in customs, but VVAF still completes the actual order.

The hospitals were initially reluctant to agree to the terms of the MOU as they felt they would be relinquishing even more control. However, it is clear that the MOUs were devised to do just the opposite, more fully empower the hospital, and the hospitals have been accepting and appreciative of the new efforts.

One elusive aspect of the finances and the budget under the cooperative agreement, at least to the assessors, is the scope and breadth of activities being charged under the line item "D.C. Support." This is a significant item in the budget and it is unclear what functions, and hence activities, are being conducted in Washington, D.C. Staff vacancies in Washington, D.C. should have led to a reduction in charges under this line item. This should be confirmed. (Note: it was indicated that charges were reduced and this was part of the reason for savings then applied to development of user groups.)

A proposal to further clarify objectives and their corresponding activities, along with budgetary changes, was submitted to the review team. Several of the items require further discussion and clarification, however, before a final decision can be made. Moreover, the reviewers suggested that the VVAF team wait for the assessment to be completed and digested before more fully developing a single proposed amendment to the workplan and budget.

VVAF's project authorization with the GSRV expired earlier this year. A new agreement is being negotiated. In the meantime, however, the project operates under an agreement that covers the entire scope of activities, including the numbers of local and expatriate staff. This agreement should be completed as soon as possible. If USAID can assist in any way, this should also be pursued.

Overall, the assessors were impressed by the improvements made in administrative systems, protocols with partners, and staff relations.

Recommendations

- The proposed amended training plan should be re-evaluated and re-written after the completion of this assessment. A comprehensive workplan and budget, including a single amendment to the proposal, should then be submitted to USAID for discussion and approval. This should be submitted to USAID in January or February 2003. This budget should discuss, to the extent necessary, the impact of the continued delay in the implementation of VVAF's Level I survey program on costs billed to USAID
- A new project authorization should be completed as soon as possible. To the extent necessary, USAID should help facilitate this process
- Project MOUs with Bach Mai, the National Institute of Pediatrics, and the provincial workshop sites should also be developed and completed as soon as possible. Investments in renovation, purchase of expensive machinery, as well as other steps, should not be made until these agreements are in place

Cooperative Agreement Goal 2: Self-Help Groups

The promotion of the rights of the disabled through investments in Vietnamese associations and institutions that are independent is moving very quickly and has already demonstrated some successes. A capable and dynamic consultant has been hired and she is working very closely with two national staff on the development and promotion of this program. One of the national staff, Tinh, is a VVAF employee and is slated to take over the management of this objective at the end of the consultant's contract in spring 2003. The other national staff member, Oanh, is a member of the Bright Futures disability group in Vietnam. This group has been contracted by VVAF to assist in the development of the local associations and groups. Oanh's office is also at VVAF. Both Tinh and Oanh are energetic and active and bring a strong foundation to this objective.

The Bright Futures group is one of the most established and respected disability groups in Hanoi. Their involvement in the objective is viewed by both VVAF and other organizations as positive. One criticism of the group, however, is that, on occasion, it is not as empowering of other disability groups as others would want it to be. Some surmise that the reason for this is that the amount of external assistance for these types of activities is still relatively small, and that if other disability groups also become strong the funding pie will be sliced into very thin pieces. The assessors only observed very positive results from Oanh's involvement in the project. The contract between Bright Futures and VVAF is for 6 months after which time an external evaluation that assesses the success of the partnership is to be conducted. The results of this evaluation will inform discussions about the continuation of the agreement. In general, activities under this objective are about 6 months behind schedule. This delay has not, however, greatly impeded or negatively affected on-going work.

By the end of the first year of the agreement, VVAF had planned to establish two self-help groups comprised of parents of children being treated by the National Institute of Pediatrics. Neither of these groups has yet to be formed. Training materials for group facilitation and empowerment were also to have been produced by this time in the agreement. This activity is now incorporated within a larger leadership training contract that will not be completed for another 12 to 18 months.

The original agreement proposed that by the end of the project period, one self-help group in each of the five provinces served by newly established workshops would be established. Several of these groups have already been formed and the original objective expanded. VVAF is currently working with six groups. One group is in Hanoi and is comprised of people treated and seen by Bach Mai. Three additional groups have been newly established in Nam Dinh province, one existing group is in Thai Binh (22 of the 28 group members were treated during a recent VVAF outreach trip), and one group is in Ha Giang province. It was anticipated that these groups would need some external assistance in the areas of group management and leadership training. This was to be provided by institutions identified through the linkages objective.

In reality, VVAF has found that many groups require more assistance than initially anticipated. As a result, the program has contracted a local firm, Living Values, to develop and implement an 18-month training program. The training program appears to be appropriate to the groups needs. In initial sessions for 25 individuals, 7 individuals were chosen to participate in the intensive 18-month program. Of the participants, 3 of 7 were VVAF employees.

Of the VVAF employees selected for the training, one is Oanh, who technically is with Bright Futures but is seconded to VVAF under contract. One other individual is Tinh, who is slated to assume management for the program after the expatriate consultant completes her work next year. Since Oanh and Tinh will be asked to assume more direct management of the program, as well as to conduct trainings for other groups. It is understandable why they were selected. The third VVAF employee, however, represents the organization's Sports for Life initiative and is not associated with the current USAID agreement. Comments from outside question the selection of this individual over a leader from one of the provincial self-help groups. It was noted that initially only 5 individuals were to be selected for the leadership training. This was expanded to include two additional people. In addition, of the 25 individuals screened through the initial training, the 7 selected were the only ones identified as having the internal potential and external drive to act as trainers. Furthermore, it was felt that those employed through VVAF would have greater flexibility in being able to travel to other provinces and conduct trainings.

The groups that have already formed have held several meetings with their membership. VVAF staff tries to attend these meetings and to guide the groups and their discussions. Many of the groups have already identified employment issues as areas in which they would like further financial and technical assistance. Obviously this is a great need for people with disabilities. The assessors cautioned, however, not to move too quickly into technical areas before basic group dynamics and leadership ability was developed. Moreover, group by-laws, stronger

membership, and other organizational strengthening measures should not be seen as less important than technical interventions such as planned trainings in resume writing and interviewing skills. The groups have also identified links to, and development of, relationships with local government officials and offices as important, and this area needs further cultivation.

Recommendations

- Greater investments in leadership and group strengthening should be made. It appears that not all groups will receive this training. Clear benchmarks and institutional capacity indicators should be used. Many of these exist already. PACT utilizes an organizational capacity assessment tool (OCAT) methodology for this type of analysis and training. Linkages should be made with this group. While utilization of PACT is probably prohibitive, their approach and methodology could be investigated. (See: *Organizational Capacity Assessment Tool (OCAT): A Handbook on Participatory Monitoring and Evaluation, PACT, 1996)*
- Further analysis and guidance could be given to groups as to appropriate group agendas. The assessors question the appropriateness of planned trainings in resume writing and interviewing skills. These are skills required by individuals, not by groups. How often are these skills needed and used in provincial Vietnam? Might trainings in financial management and accountability, fundraising, and other similar areas be more appropriate initial trainings to strengthen the groups? The reviewers have no objections to initiatives that the groups take to benefit members, which may include resume and interview skills, but these should be group initiatives, not VVAF initiatives. Moreover, the understanding among some in the disability community is that these groups were to be "club-based" and, therefore, to focus on group processes as opposed to group products
- A clear monitoring and evaluation program for the support to self-help groups is needed along with protocols to delineate responsibilities
- Facilitation and assistance on linkages with local government offices and officials is needed. This need was identified by VVAF in the proposal and by members of the self-help groups. Might the National Coordinating Council on Disability (NCCD) be of assistance?
- At times it is easier to do something for a group (e.g., photocopying) than to work with the group on identifying how it can do these things on its own. These types of responses do not encourage self-governance and independence. The assessors, and USAID, are not averse to making small-grants to self-help groups to build capacity and to enable independent activities

Cooperative Agreement Goal 3 and 4: Local and International Linkages

Several linkages among groups operating within Vietnam have already been developed and are being further cultivated. For example, from World Concern Development Organization (WCDO), a program funded by USAID's Displaced Children and Orphan Fund (DCOF), adolescents with disabilities were selected and interviewed for the positions of new bench worker technicians at Bach Mai Hospital—eight have begun the program and the five best will

be selected to work in the new provincial workshops. Similarly, the program has linked with the Catholic Relief Services (CRS) inclusive education program, also funded by DCOF, to provide services to children with disabilities in the target areas of CRS. Additional linkages have been made with the AIFO-funded CBR program, the Disability Forum, and other groups and organizations.

International linkages are also being developed and cultivated with groups in Europe and Australia. These particular geographic areas were identified because VVAF staff members working on the programs have strong contacts and networks in these countries. It is recommended that contacts also be made with U.S. institutions and organizations. This is a role that VVAF headquarters staff can and should fill. Additionally, LWVF can facilitate these linkages as well. Mel Stills, one of the assessors on this trip, will begin to make these contacts once he returns to the United States. VVAF has already engaged the American Chamber of Commerce (in Vietnam) and this group is reviewing a proposal for funding.

VVAF's proposed program calls for the hiring of a national staff member to manage the linkages program. This person has not yet been identified or hired. Other staff members, therefore, are carrying out the responsibilities for this program. It is recommended that this manager be hired soon. There is also some discussion that the current expatriate managing the self-help group program will be hired to assume these duties once her current contract ends. While this position was initially slated to be a national position, some within VVAF believe that an expatriate is needed, at least in the beginning of the program, in order to assure international institutions that the program will be managed professionally. As VVAF is only intended to be the facilitator of the linkages, these reviewers believe that a Vietnamese citizen with some overseas experience and good language skills would be more appropriate in the long-term than an expatriate, although the expatriate managing the self-help group program could initiate and support the start of the linkages program while concurrently phasing out support to the self-help groups program. The assessors recognize that these additional responsibilities would require an extension of the contract for the expatriate.

Recommendations

- A Vietnamese manager of the international linkages program should be hired as soon as possible. It is strongly recommended that all efforts be made to support the hiring of a Vietnamese national for this position
- VVAF headquarters could provide assistance in the identification of institutions and organizations in the United States. LWVF can also help in this regard.

APPENDIX A: SCOPE OF WORK

Terms of Reference

LWVF has been actively supporting programs in Vietnam since 1991. The program began with support for service delivery in the area of prosthetics. In subsequent years, the program extended its scope and breadth to include orthotics, longer-term technical assistance and training, and component development.

VVAF, with LWVF support, began rehabilitation work in Vietnam in 1994. The program has since developed prosthetic/orthotic service delivery programs in both the Bach Mai and National Institute of Pediatrics hospitals. The overwhelming focus of the program, however, has been on orthotics with well over 90 percent of the patient caseload in this discipline.

Early start-up was delayed in the Bach Mai Hospital project due to construction problems, and proper technical oversight delayed the establishment of proper orthotic services at the National Institute of Pediatrics. VVAF addressed these technical deficiencies after they were made apparent during a January1999 review conducted by Mel Stills. Both centers are currently considered to be fully operational from the standpoint of being able to provide ongoing services with trained staff. However, improvements at both sites are possible and until they are integrated and supported by the MOH, there are questions as to whether or not they are truly fully operational.

In addition to the building and equipping of two fixed P&O facilities, VVAF has equipped mobile outreach vehicles to better facilitate the delivery of P&O services outside metropolitan Hanoi. Regularly scheduled outreach visits are made to provide services to those who cannot come into Hanoi. Staffs from either or both of the workshops staff the outreach vehicles, which means that during an outreach trip, one or both of the centers cease to provide full services. One or two staff members are usually left behind to cover the workload. An administrative person supports these personnel while the team is away. Full medical and therapy services remain open and functional.

VVAF documents, statements, and action put a great deal of emphasis on training of local staff in order to meet the long-term needs of the region. PRMs are being developed. Support is being provided to students receiving orthotic training at the VIETCOT P&O School, and upgrade training was provided to those already employed in the workshop but who had not received appropriate training in the technologies to be used. On-the-job and in-house training continue to be important aspects of VVAF activity. However, after 8 years, local staff does not demonstrate

a level of technical expertise commensurate with the autonomy they are to be provided in the near future.

Under a new $4 million, 4-year grant agreement with USAID ($2 million LWVF funding and $2 million VVAF matching funding), VVAF plans to expand its scope of work to include the establishment of five new satellite facilities. Training methods and materials continue to evolve but there are indications that they may not be as effective as originally anticipated. Moreover, significant restructuring of areas of responsibility has recently taken place.

In June 2002, the LWVF endeavored to conduct a technical review of the VVAF program. A team of two individuals traveled to Vietnam to assess program status and to make recommendations for implementation of the new grant. Evidently there was much confusion as to the intentions and desires of the assessment team and an outreach trip, which closed both workshops and was scheduled for and conducted the week the team was in town. Again, due to the outreach trip, key staff was not available to the team.

This assessment is a follow up to the unsuccessful June trip. While a new grant agreement was signed with VVAF in early 2002, it was made with the understanding that a technical team would evaluate the program and that findings and negotiated recommendations would become part of the partnership agreement.

Background

Original grant (9/30/94-9/29/96): LWVF - $730,000, VVAF - $435,860
Modification #2 (-9/21/95): LWVF - $570,000
Modification #3 (-2/12/96): Add additional travel provisions
Modification #4 (-11/22/96): extend completion date to 12/31/96
Modification #5: added additional money and extend completion date
New grant (1/1/98-12/31/00): LWVF - $1,000,000, VVAF - $884,497
Modification #2 (-9/6/00): LWVF - $695,870; extend completion to 12/31/01
Modification #3 (-12/31/01): extend completion to 3/31/02
New grant (4/1/02-3/31/05): LWVF - $2,000,000, VVAF - $2,000,000

VVAF proposed, in its 1998 grant and it's modifications, the following steps:

- IPCH technicians will have become trainers themselves
- Vietnamese staff will be able to train others in thermoplastic production independent of outside assistance
- A fully operational thermoplastic orthotic clinic would be in-place at Bach Mai Hospital
- A monitoring system will be in place to track program growth
- That they would gather statistical data and general knowledge of conditions of the disabled in outlying areas
- The clinics and workshops at IPCH and Bach Mai Hospital will be administered and financed entirely by MOH funds with the exception of a small number of imported supplies

- Local sources of supplies will be sought
- Expatriate staff support, both technical and managerial, largely will have been withdrawn
- They would determine what measures must be taken to ensure that Vietnamese colleagues are capable of continuing the work begun under this cooperative agreement once support is withdrawn
- Stipend support for all project staff will be withdrawn
- MOH will provide the funds to sustain the costs of clinics, workshops, and outreach programs
- 2,760 devices will be provided over the next 3 years

VVAF has proposed in their 2002 proposal that they will do the following activities:

- Educate and train Vietnamese medical staff to manage rehabilitation education programs
- Establish five self-managed rehabilitation centers in five provinces
- Establish referral and follow-up links
- Continue outreach and follow-up on treated patients
- Establish monitoring and evaluation functions
- Continue to provide orthoses in Hanoi and surrounding provinces
- Establish two self-help groups of parents of children with cerebral palsy or other diagnoses
- Establish two self-help adult groups served through Bach Mai
- Establish one self-help group of patients or parents of patients in each province
- Establish leadership in each self-help group
- Provide either physical or electronic links among groups
- Develop networking between the National Institute of Pediatrics and Bach Mai and access any existing databases
- Support coalitions by supporting VVAF clients through bridge funding
- Support development of national and regional groups
- Obtain new funding during each year from multiple donors for Bach Mai, the National Institute of Pediatrics, provinces, and self-help groups
- Establish formal linkages with like-minded international institutions

Technical Assessment

The technical portion of the assessment will focus primarily on the issues related to the delivery of appropriate P&O services. It will also focus on educational and training activities to date and the training materials being developed.

The technical assessment will require that there be an opportunity to observe routine operation of each of the P&O workshops funded through LWVF. Patients currently undergoing the fitting/provision of new P&O devices should be observed.

To grasp a better understanding of the patients' functional deficits and the doctors' rational for a prescription plan, the team would like to have the Vietnamese doctors present 3 to 5 patients each. Similarly, the same rationale and format should be used with the P&O technicians.

Teaching schedules, handouts, and materials should be made available for review.

A visit to at least one of the proposed expansion sites should be made.

Access to all VVAF and Vietnamese staff and the opportunities to collectively interview should be made available.

Among other areas, the technical assessment will review and assess

- Quality of P&O services provided
- Quantity of P&O services provided
- Appropriateness of P&O services and facilities provided
- Referral, follow-up, monitoring, and evaluation methodologies
- Diagnostic conditions of the patients managed
- Medical/surgical/therapy services available pre- and post-service delivery
- Safety in the workshop
- Training and mentoring practices/methodologies/progress
- Vietnamese assessment of training and mentoring
- Creation and usefulness of the PRM
- English training
- Process of selection and viability of the establishment of five additional centers
- One-year orthotic training course at VIETCOT
- Effectiveness of team approach at the National Institute of Pediatrics
- Effectiveness of team approach at Bach Mai Hospital
- Effectiveness of out-reach and follow-up activities
- Action planning related to technical sustainability
- Methods used to internally monitor project management and technical services

Management and Administration Assessment

In addition to the overall management and administration of the grant and program, the team will also look at overall leadership and stewardship of USAID resources. Staff will be interviewed and documents will be reviewed.
Access to all VVAF and Vietnamese staff and the opportunities to collectively interview should be made available. All information given to the assessment team should be available for use to advance grant progress.

Among other areas, the management/administrative team will review and assess

- Organizational/Program strategic plan and the budget's reflection of this plan
- Actual performance as compared to projected performance, including but not limited to progress in establishment of national and regional groups; support to self-help groups and coalitions; progress in establishment of links between Bach Mai and the National Institute of Pediatrics; and progress in location of alternate funding
- Human resources development plan, including local and national TORs
- Established competencies and the manner in which the organization supports their achievement
- Hiring and staff changes made following guidelines for cooperative agreements
- Progress made in nationalizing managerial, administrative, and technical responsibilities
- Outcome management and the tools used to assess results
- Interaction and cooperation with other NGOs
- Personal and professional working relationships and experiences between Vietnamese and VVAF staff—including GSRV, ministry, and hospital staff as well as beneficiaries
- Progress made in increasing MOH financial support

Deliverables

The team will

- Accurately report the findings of the reviews and assessments undertaken
- Make specific recommendations regarding any concerns or deficiencies identified
- Identify methods, techniques, and procedures that will benefit other LWVF funded projects
- Provide a written report of all findings of this project assessment. A draft of this report will be provided to VVAF for comment and consultation no later than 30 days following the completion of the mission

Additional Notes

- Due to the extensive clinical services provided at the National Institute of Pediatrics and Bach Mai, and because of the complexity of management/administrative goals stated in the grant, the team will comprise four external members—two technical and two managerial. In addition, two GSRV MOH employees, one from Bach Mai and one from the National Institute of Pediatrics, will participate on the technical assessment team
- During the visit in June, some staff expressed concern about supplying open and candid opinions and information. The team would hope that any factual information given to the assessment team would not be used in a negative way against the person or persons supplying that information
- VVAF suggests that formal interviews with key persons involved in program activities include
    - Dr. Tran Trong Hai: director, rehabilitation dep. at the National Institute of Pediatrics
    - Dr. Dung, Dr. Giang, Dr. Van: pediatricians at the institute
    - Mr. Toan, Mr. Hung, Mr. Duyen, Mr. Phong: orthotic technicians at the institute

Prof. Nguyen Xuan Nghien: director, Bach Mai
Dr. Chuong, Dr. Huyen: rehabilitation doctors at Bach Mai
Mr. Nguyen Manh Cuong: hospital-nominated head of workshop at Bach Mai
Ms. Luyen, Ms. Hoa, Ms. Oanh, Mr. Tien: orthotic technicians at Bach Mai
Dr. Yen: head doctor, rehabilitation dep. at Ha Giang, currently studying in Bach Mai
Mr. Nguyen Van Vinh: MOH provincial development manager

- VVAF also suggests a number of interviews with technical persons in Vietnam who are worked with on a regular basis including representatives of agencies whom we have supported with outreach services: This includes
  NLR: Jan Robijn
  VIETCOT: Wilfried Raab, Michael Reichsteiner, Ms. Thuy
  AIFO: Lorenzo Pierdominico, CBR program manager
  CRS: Dr. Thuy
  World Vision
  WCDO: Warwick Browne, Ms. Hien
  HVO: Larry Wolfe, Ms. Minh
  VNAH/ODTA: John Lancaster, Ms. Diep
- VVAF staff who will be available to the team includes
  David Holdridge, country representative
  Alexander Rietveld, finance manager
  Kerry Fisher, rehabilitation and rights program manager
  Nguyen Tuyet Mai, rehabilitation and rights deputy program manager
  Jo Nagels, clinical supervisor and mentor
  Nguyen Mai Huong, Bach Mai program monitor
  Dong Thanh Ha, administration/reception at Bach Mai
  Caitlin Wyndham, consultant with self-help and PWD rights
  Tran Van Tinh, project assistant to self-help and PWD rights
  Nguyen Hong Oanh, Bright Futures and self-help project coordinator
  Hoang Cam Linh and Le Hong Hanh, administration for rehabilitation and rights

APPENDIX B: VVAF'S RESPONSE TO USAID'S PROJECT EVALUATION

General Comments

VVAF would like to thank the evaluation team for a thorough and helpful evaluation, and for their prompt provision of the evaluation report. The observations and recommendations made in the report will be very useful to VVAF in enhancing the quality of the implementation of our USAID grant 'Sustainable Benefits for the Mobility Impaired, 2002-2005.'

The key issue for the long-term sustainability of this program in Vietnam is genuine ownership of the clinics and associated activities by the MOH. This may seem like an obvious statement, but it impacts significantly on VVAF's ways and means of implementing the project, and of responding to some of the recommendations in the evaluation report. For example, VVAF has significant influence at both hospitals. We do not, however, have control over staffing, remuneration, and promotion of clinic staff.

Recognizing the strategic importance of Vietnamese ownership of the clinics reflects a significant change from the past attitudes. All too often the clinics have been viewed as VVAF owned and run. Miscommunication between VVAF and the facilities as well as a lack of inclusion of the partners in much of the planning and development were largely responsible. VVAF is making significant progress towards the integration of the workshops into the department and hospital structures. Progress milestones include the development of detailed MOUs between each facility (which will transfer through to the provincial component), appointment of Vietnamese technicians as workshop supervisors and support for them from VVAF, and, finally, increased communication with partners at both hospitals and MOH in planning and implementation of activities.

We accept our responsibilities to work hard with our implementing partners on these issues, within the limitations of MOH structures. Although such a partnership may sometimes slow down project implementation, we are absolutely certain that in the longer term it leads to greater sustainability as the staff, once recruited and trained, will remain within the hospital structure years after our departure. VVAF will, of course, continue to exercise all of our influence to ensure appropriate remuneration, working environments, staff training, etc.

Below are some comments and explanations in response to the evaluation report following discussions within the VVAF rehabilitation and rights team, and with our principal partners at Bach Mai, the National Institute of Pediatrics, and the MOH.

This document has been written by VVAF staff and reviewed by staff at MOH, Bach Mai, and the National Institute of Pediatrics. Formal written responses from our partners have not been provided, but their verbal contributions have been incorporated.

Administration and Management

Staffing Recommendations

- VVAF is fully committed to nationalization of the program as we know this is the only way to ensure sustainability in the longer term. We see this in terms of both the development of the capacity of our partners, but also the development of the capacity of the staff employed directly by VVAF. Wherever possible we have recruited national staff or organized contract arrangements with partner organizations (MOH and Bright Future). We will continue to examine ways to nationalize staffing arrangements. The planned translator position is a temporary measure to meet the immediate needs of translation for short-term expatriate consultants, and to translate for the training program. They are not intended to be sustained positions.

We have investigated with MOH the opportunity of utilizing staff from the ministry. At this point, however, MOH have made no recommendations of staff to provide language support for VVAF.

VVAF will look at the possibility of contractual translation for key documents and training courses with MOH and the hospitals, as opposed to the regular day-to-day involvement of bilingual staff in support of the expatriate technical experts.

- VVAF is aware of the heavy workload on Nguyen Tuyet Mai as deputy program manager, and quality assurance manager. Following this evaluation, and the development of a comprehensive monitoring and evaluation plan, her workload will be reduced. Where possible, the hospital departments will assume increasing responsibility for the monitoring and evaluation component as part of this reduction.

- VVAF will continue to exercise our influence on the issue of remuneration for staff of the clinics. The question of remuneration, rewarding and promotion of staff is, unfortunately, often beyond the control of our principal partners, the rehabilitation departments in the hospitals, and lays with the ministry itself and the treasury. VVAF will discuss non-monetary forms of reward for staff with our partners at the hospitals that are acceptable to our partners and well within NGO standards.

- There are a number of different situations and issues to be addressed regarding salaries and staff supplements.

Firstly, there is the $85 salary ($35 in supplements) for three technicians at Bach Mai hospital and two at the National Institute of Pediatrics. This practice was inherited from earlier VVAF grants.

We felt that we could not reduce individual staff salaries as we could not afford to lose them. During the past two years, these staff persons have contributed significantly to the clinics' ability to meet the workload and offer adequate treatment to patients at both Bach Mai and the National Institute of Pediatrics. Each of these staff persons at Bach Mai is now on an indefinite contract with the hospital. At the end of the grant, their performance will be appraised and the possibility of their permanent integration into the staff considered. The two persons at the National Institute of Pediatrics are fully integrated staff with contracts.

Secondly, there is the salary for Mr. Le Tan Viet Linh, trainer of bench-workers. Kerry Fisher has explained to staff at the hospital the reasoning behind the salary provided to Mr. Linh. He is VVAF staff, not hospital staff on a short term contract. He therefore falls under the VVAF salary structure, as does Nguyen Thi Huong and Dong Thi Hang Ha at the hospital. As such he also has no tenure beyond two years, and has a firm performance plan, which, if he does not meet it, will result in the termination of his contract. He also does not receive any of the health and other benefits offered to staff of the hospital. When Kerry explained this to the staff she believed that they accepted this reasoning and agreed with it. We will continue to monitor this situation to ensure it does not cause unnecessary tension in the workshop. Linh is employed to train the bench workers under a strict training program that he must design, implement, and follow up in collaboration with Jo Nagels. The department was asked to nominate staff persons for this position but did not bring any names to VVAF for consideration.

We are aware some confusion has arisen with the "replacement" of the position left vacant by Le Ngoc Hoan's attendance at the training in Moshi, filled by Mr. Nguyen Trong Hoa, which was unfortunately negotiated directly between staff at the rehabilitation department. VVAF has agreed to support Mr. Hoa to the same level as all other MOH employees (paid through the finance department of the hospital), not the higher level support offered in the past. Staff support is now conditional on the offer of an indefinite hospital contract.

Thirdly, there is the so-called salary for Mr. Nguyen Van Vinh at MOH, which is not a salary. This is a service contract with MOH (which has a list of activities and responsibilities), and purchases more than simply Mr. Vinh's time and experience. This payment includes all travel costs, communication costs, and space and equipment at MOH. This should not be considered a salary. A decision has been made by VVAF that it is necessary to reimburse MOH for the time, space, and costs of undertaking provincial development activities. The same is true for the contract with Ms. Nguyen Hong Oanh from Bright Futures. VVAF does not perceive this as purchasing buy-in to the program, but rather as a negotiated reimbursement of costs incurred. "This is a strong part of the efforts undertaken by VVAF for sustainability." The provincial development is seen as key within the MOH and is considered as a pilot phase. Because MOH is so involved in this development, they will be much better able to manage further provincial

developments in the future. Bright Future's involvement with the development of the self-help groups also provides and ensures ongoing support for all the groups in the future and for the development of new groups.

Finance and Administration Recommendations

- VVAF will update and amend the training plan and submit this, a work plan, a monitoring and evaluation plan, and budget to USAID as a single amendment to the grant by the end of first quarter 2003.

- VVAF is working closely with the MOH to obtain full, prime ministerial approval of our new grant. The first readings of this document will occur in January and we are slowly but surely moving in the right direction.

- As of December 17, 2002, VVAF has signed project MOUs with both Bach Mai and the National Institute of Pediatrics. Provincial MOUs have been drafted and distributed to the provincial sites for discussion. These will be signed once details have been finalized with VVAF, MOH, and the provincial peoples' committees. VVAF will make this a priority.

Self-Help Group Recommendations

- Investments in leadership and group strengthening will be made with every group supported by VVAF. The training contract with World Village Foundation involves two strands of training: firstly, leadership and group dynamics training for every group; and secondly, intensive training-of-trainers for selected leaders of groups and VVAF staff. VVAF will ensure that all groups receive adequate group strengthening training.

- The planned training in resume writing and interviewing skills was included as a response to group identified needs. However, VVAF agrees with the evaluation team that it is more appropriate for groups to source themselves. VVAF will concentrate on group building, financial management, fundraising, etc. This will be reflected in the new training plan to be presented to USAID in February 2003.

VVAF does not want to provide too much guidance to the groups as to appropriate agendas in the first interest, as we are trying to encourage them to be as independent and self-directed as possible. That said, VVAF is gently encouraging the groups to be involved in activities which go beyond physical rehabilitation–such as employment, training, and accessibility–as is outlined in the plan for "sustainable benefits for the mobility impaired." We will be closely monitoring and participating in the strategic planning sessions for all groups. If any group is too focused on, for example, social activities alone, VVAF would provide guidance as to what we expect from a VVAF supported group. So far this has not been a problem; all groups are most interested in issues of rehabilitation and employment/income generation.

- A clear monitoring and evaluation plan for self-help groups is being developed. VVAF is grateful for the information about the OCAT methodology and will use this and other information to assist us to develop an monitoring and evaluation plan. This will be completed and presented to
USAID by the end of March 2003.

VVAF will continue to assist with facilitation of linkages with government offices and officials. We have already met with senior representatives of the peoples' committees, DOLISA, and MOH in each of the five selected provinces to explain to thinking behind the goals of the self-help groups. VVAF will also continue to encourage NCCD to assist with facilitating these types of links. Currently, the capacity and interest of NCCD to assist self-help groups is limited. VVAF, however, will continue to exercise its influence (along with other key partners such as VNAH/ODTA) on NCCD.

Linkages Recommendations

- Since the original plan was written, VVAF has progressed in our learning and experience of how the implementation of the goals can best be done. Originally it was felt that a national international linkages manager would be required to negotiate, establish, and monitor these arrangements. Recently we have seen the beginning of one linkage happen through Dr. Tran Thu Thi Ha at the National Institute of Pediatrics making connections with the Royal Children's Hospital in Melbourne, Australia.

As a consequence, our thinking on the best way in which to manage Goal 4 has changed. We now feel that the initial contact with potential linkage partners, locating potential partners, and initial contact should be done by the existing expatriate staff and the doctors at the hospital, with the assistance offered by USAID and Mel Stills. Communication with the institutions regarding what the linkage should look like is also best done by technical expatriate and medical staff, Kerry Fisher, Jo Nagels, Dr. Tran Thu Thi Ha, Prof. Nguyen Xuan Nghien, and the doctors at Bach Mai Hospital. These are the people who understand the needs of the workshops and provincial satellite sites and who can speak intelligently about this.

These people will need administrative support for drafting of agreements, correspondence, etc. Local staff will provide this. The sustainability of this arrangement is that it places the main responsibility for establishment of these linkages and the understanding of the linked institutions with the people who are most affected: the rehabilitation departments of Bach Mai and the National Institute of Pediatrics. VVAF provides a facilitating and advising role as well as some administrative support. VVAF will also help with travel and communication costs. This change will be written into the final workplan and budget that is submitted to USAID in February.

Technical Aspects

Physicians Reference Manual: VVAF acknowledges the comments made by the evaluation team about the difficulties involved in the writing of a PRM, and the concerns that other, more essential elements of the training and mentoring process will suffer as a result. However, this aspect of the VVAF plan is viewed as a very high priority by our partners and was specifically requested by and agreed with them.

In addition, the PRM is being developed in synchronization with the teaching program. All mentoring, training, and contributions by linked institutions are to be linked to the PRM development and use. It is intricately tied into all other aspects of the development of the capacity of the technical staff, and the train-the-trainer program.

Consequently, VVAF will continue to develop the PRM. A first draft is already being written in partnership with the hospitals. This work, however, is not interfering with our core training on assessment and orthotic prescription and ongoing clinical mentoring. The PRM will always be a working document that changes with time and remains flexible. Discussions with VIETCOT have assured us that the PRM does not reproduce their orthotic training manual. It serves instead as a post-graduate mentoring tool for the three health disciplines. The new timeframes for the PRM will be included in the workplan and submitted to USAID in March 2003.

Scoliosis Training: At one of the first meetings of the educational subcommittee, a list of training topics was developed. Scoliosis was highlighted as a priority for training because Bach Mai and the National Institute of Pediatrics staff are currently managing a scoliosis caseload and recognize their limitations in the management in many cases. VVAF appreciates that scoliosis management is very complex and needs to be adequately supported; however, we agree with the hospitals that they require some training in order to be able to better manage the existing caseload. The training to be provided will focus on identification of cases that can be managed through orthotics, so that proper clinical decisions can be made about which cases can and cannot be treated. The aim of this course is to save time and resources that are currently going to bracing of cases that cannot be assisted through orthotics. The presentation of team management for the treatment of scoliosis is also seen as an ideal way to further introduce and reinforce many of the concepts of team activity, treatment planning, effective multidisciplinary communication, team meetings, etc.

Patient Record Keeping (Bach Mai and the National Institute of Pediatrics): VVAF and hospital staffs recognize the value of well-kept records. The method to achieve this goal needs to be carefully discussed with all staff members at both centers to ensure easy to use and efficient record keeping for medical, therapy, and orthotic staff. Both hospitals already have forms that must be completed for each patient. Any additional forms for specific orthotic/prosthetic information must fit into the current structure so as to enhance the value of the records without excessive time requirements. VVAF continues to work with both hospitals to develop the ideal assessment form—one that is easy to use with maximum ability to collect relevant information efficiently.

Guidelines and Protocols for Fitting and Follow Up (Bach Mai and the National Institute of Pediatrics): VVAF agrees that treatment protocols used internationally to determine efficient planning could be applied to the rehabilitation departments at Bach Mai and the institute. This will be encouraged in discussions with both hospitals, firstly with the institute on January 10, 2003, with doctors and orthotic staff, and later at Bach Mai. Protocols relevant to the Vietnamese working environment will be developed in close collaboration between VVAF and hospital staff for all orthotic treatment. Such protocols, where possible, will be linked with the PRM.

Materials (Lypropylene, Ankle Joints, Etc.): The current polypropylene show some weakness in the ankle region, some of which is a result of inappropriate orthotic design, some a result of inherent weakness in the material. Simple reinforcement techniques can be introduced when molding the plastic to reduce these problems. With the increased spinal load VVAF will purchase and demonstrate the use of PE. This will start with the scoliosis course in February. Molding techniques and other fabrication procedures will also be reviewed to determine if any weakness is introduced to the material through inappropriate molding, cooling, or cutting techniques.

Space at the National Institute of Pediatrics: The workspace at the institute has always been restricted. The area of the hydrotherapy pool could be well used if it was possible to renovate this area to a gait training space. Such a move, however, will require discussions with the department and board of directors at the institute. There are current positive developments for the department that look at new space allocation and new building (probably starting this year). VVAF will remain involved in this issue.

Workflow at Bach Mail and the National Institute of Pediatrics: There have been numerous changes to the hospital staff within both departments in the past 6 to 12 months, including staff returning from the VIETCOT program and staff leaving for the TATCOT training in Moshi, Tanzania. Each department has workshop supervisors. The VVAF advisers at Bach Mai are in the process of discussing roles and responsibilities for each position, and clarifying leadership and reporting arrangements. VVAF will continue to support Bach Mai management to get the best possible team working in the workshop. The development of position descriptions and performance appraisals will be discussed within the department and applied where possible. The development of treatment protocols will also help in this area.

Outreach: VVAF and the MOH are committed to maintaining an effective outreach program. The outreach was initiated partly in response to the fact that the caseload from Hanoi was not sufficient. The outreach program does not now impact on the management of the Hanoi caseload. As changes occur in this area, e.g., an increase in Hanoi referrals, impact on services will be monitored and changes made accordingly. VVAF absolutely agrees with the essential need for follow-up treatment on outreach as well as for Hanoi cases. We also acknowledge that this has not been done effectively in the past.

Consequently, VVAF will introduce an electronic follow-up system, linked to the patient database, to help us better manage follow-up appointments from Hanoi and outreach areas. Although VVAF and the hospitals will continue to go on outreach trips, the areas to be visited will be largely restricted to the five identified provinces and follow up will be regular. Our monitoring system will also measure the effectiveness of this follow up to provide us with more information about the effect of outreach and how often trips should be scheduled. The use of the database as a monitoring tool is being discussed with each facility and training is being developed to enable key medical staff within each unit to understand the use of this system.

Referrals: VVAF will work with the medical staff in both facilities to identify more referral sources within Hanoi. We will also support our partners at the workshops to make contact with appropriate organizations and departments and to develop referral protocols. This activity is included in the existing grant document. Although VVAF do not feel that Hanoi services are compromised currently by the outreach activity, we will monitor increases in Hanoi referrals and modify outreach planning as needed.

Staff Meetings, Grand Rounds, Training, Etc.: VVAF acknowledges the comments made by the evaluation team about the value of grand rounds and other training mechanisms. We agree that these activities in other institutions overseas work extremely well with caseload management and team building. These ideas will be discussed and promoted with both facilities and examples offered for integration to the department. In collaboration with our partners, we will discuss ways of implementing regular experiential learning opportunities into the normal operations of the workshops.

The training program to be supported by VVAF started in December 2002, and will continue on a weekly basis until the end of the grant. This will be reflected in the new training plan and workplan to be presented to USAID in February 2003.

Finally, we want to thank the assessors for their thoughtful work. We know that many of the ideas in the document will improve the quality of the work throughout the program.

APPENDIX C: CONTACTS

National Institute of Pediatrics
- Dr. Tran Trong Hai, director of rehabilitation department
- Dr. Dung, Dr. Giang, Dr. Van; pediatricians
- Mr. Toan, orthotic technician
- Mr. Hung, orthotic technician
- Mr. Duyen, orthotic technician
- Mr. Phong, orthotic technician

Bach Mai Hospital
- Prof. Nguyen Xuan Nghien, director
- Dr. Chuong, rehabilitation doctor
- Dr. Huyen, rehabilitation doctor
- Mr. Nguyen Manh Cuong, nominated head of workshop at Bach Mai
- Ms. Luyen, orthotic technician
- Ms. Hoa, orthotic technician
- Ms. Oanh, orthotic technician
- Mr. Tien, orthotic technician
- Dr. Yen, head doctor of the rehabilitation dep. at Ha Giang, currently studying in Bach Mai

Ministry of Health
- Mr. Nguyen Van Vinh, MOH provincial development manager
- Dr. Tran Hai, Deputy Director, international relations

NGOs
- Jan Robijn, NLR
- Wilfred Raab, VIETCOT
- Michael Reichsteiner, VIETCOT
- Ms. Thuy, VIETCOT
- Lorenzo Peirdominico, AIFO
- Chris Gilson, CRS
- Ms. Thuy, CRS
- John Lancaster, VNAH/ODTA
- Toan (Hai), VNAH/ODTA
- Ca Van Tran, VNAH/ODTA

- Larry Wolfe, HVO
- Ms. Minh, HVO
- Winfried Danke, POF
- Donna Burgess, POF
- Ms. Hong, POF
- Do Ngoc Khang, Living Values Leadership Training
- Dan Rocovits, Living Values Leadership Training
- Peter Poetsma, ICRC

VVAF
- David Holdridge, country representative
- Alexander Rietveld, finance manager
- Kerry Fisher, rehabilitation and rights program manager
- Nguyen Tuyet Mai, rehabilitation and rights deputy program manager
- Jo Nagels, clinical supervisor and mentor
- Nguyen Mai Huong, Bach Mai program monitor
- Dong Thanh Ha, administration/reception Bach Mai
- Caitlin Wyndham, self-help and PWD rights consultant
- Tran Van Tinh, project assistant to self-help and PWD rights
- Nguyen Hong Oanh, Bright Futures, self-help project coordinator

Others
- Tran Duc Hai, leader, AGAPE, Nam Dinh disability group
- Dan Levitt, USAID/Hanoi
- Ngo Tien Loi, USAID/Hanoi
- Bob Porter, deputy chief of mission, U.S. Embassy
- Mr. Dong, BaVi Rehabilitation Center
- Mr. Loi, BaVi Rehabilitation Center
- Mr. Vinh, BaVi Rehabilitation Center
- Mr. Tran Duc Hai, AGAPE Self-Help Group